

# EXHIBIT H

# Medical Reports

**DL-00758**



**16101 Weber Road  
Crest Hill, Illinois 60403  
815-836-3799**

**Date: 08/29/17**

**Title: INITIAL EVALUATION**

**ADVANCED PHYSICIANS**

**Patient: Daniel Loper**

**Age: 35**

**Bp: 175/110, Right Arm, Pulse: 69**

**Height: 6'6", Weight: 350 lbs**

**History of Present Illness symptoms:**

The patient is a 35 year-old male presents for an evaluation of multiple injuries following an extensive football career that included eight seasons of professional experience from 2005-2012. The patient has sustained multiple injuries in the past while playing football causing chronic pain. His current symptoms include headaches, memory issues, light sensitivity, sleep troubles, cervical pain with radiation, lumbar pain with radiation, bilateral knee pain and swelling, bilateral ankle pain and restriction, bilateral shoulder pain and instability, left wrist pain and restriction and left hand pain and weakness.

Patient complains of chronic headaches. Patient has sustained multiple documented concussions in the past while playing football. Patient complains of headaches 3 time(s) per week. Patient rates the pain 5/10. Headaches are located on left >right side(s) of the head. The headaches are described as sharp, shooting behind eyes and dull achy as base of neck. Patient has been complaining of recent moodiness.

Patient complains of chronic neck pain and stiffness. Patient has experienced multiple left and right stingers in the past. Patient does complain of numbness, tingling from the neck into the left and right hand. Neck pain is located on both side(s) of the neck. Patient rates the pain 3-9/10. The neck pain is described as sharp with associated decreased flexibility, weakness. Functionally, patient complains of pain with looking up and/or down, sleeping, and prolonged reaching activities.

Patient complains of chronic lumbar pain and stiffness. Patient does complain of numbness, tingling from the low back into the left and right foot. Patient denies any bowel or bladder symptoms at this time. Lumbar pain is located on both side(s) of the spine. Patient rates the pain 7/10. The lumbar pain is described as achy, dull, stiff with associated decreased flexibility. Functionally, patient complains of pain with bending, prolonged sitting, prolonged standing, twisting, lifting, squatting

Patient complains of chronic right>left knee pain and stiffness. Knee pain is located on inside of knee joint. Patient rates his pain 3/10. His knee pain is described as achy, dull, stiff. Functionally, patient complains of pain with climbing up/down stairs, kneeling, jumping, running, sitting on floor. Patient has had history of right MCL sprain multiple times while playing football. Patient had left leg compartment syndrome release and surgery in 2008.

Patient complains of chronic right>left ankle pain and stiffness. Ankle pain is located on outside of ankle joint. Patient rates his pain 4/10. His ankle pain is described as achy, dull, stiff with associated decreased flexibility, swelling. Functionally, patient complains of pain with climbing up/down stairs, jumping, prolonged standing, running. Patient had right ankle fracture surgery as a teenager.

Patient complains of chronic bilateral shoulder pain and stiffness. Shoulder pain is located in the front of the shoulder joint. Patient rates the pain 9/10. The shoulder pain is described as achy, sharp, dull, stiff with associated decreased flexibility, locking, weakness, instability. Functionally, patient complains of pain with overhead activity, reaching for objects above shoulder height. Patient has history of left SLAP tear in the bilateral subluxation injuries in the past.

Patient complains of chronic left wrist pain and stiffness. Wrist pain is located in the front, back of the wrist joint. Patient rates the pain 6/10. The wrist pain is described as sharp with associated decreased flexibility, locking. Functionally, patient complains of pain with gripping, carrying, weight bearing activities.

Patient complains of chronic left hand pain and stiffness. Pain is located in the left thumb, 4th and 5th digits. Patient rates the pain 4/10. The hand pain is described as achy, dull, stiff with associated decreased flexibility. Functionally, patient complains of pain with closing the fist, gripping, opening the fist.

**Past Surgical History:** As listed above

**Pertinent Family History:**

Mother

No significant medical history

Father

No significant medical history

**Outside Medications:** The patient is on no medications

**Allergy:** NKDA

**General Appearance:** Well appearing, well-nourished in no distress. Oriented x 3, normal mood and affect.

**Reflexes:**

C5-T1 deep tendon reflexes intact bilateral and equal 1+/4.

L4-S1 deep tendon reflexes intact equal and bilateral 1+/4.

Normal Gait

**Sensation:**

Upper extremity light touch sensation intact equal and bilateral.

Lower extremity light touch sensation intact equal and bilateral.

**Motor strength:**

Lower extremity motor strength intact L4-S1 equal and bilateral 5/5.

**RIGHT**

Deltoid - Normal (5/5): withstands strong pressure in test position

Biceps - Good plus (4+/5): withstands moderate to strong pressure

Triceps - Normal (5/5): withstands strong pressure in test position

Pronator Teres - Normal (5/5): withstands strong pressure in test position

Wrist Flexors - Normal (5/5): withstands strong pressure in test position

Wrist Extensors - Normal (5/5): withstands strong pressure in test position

Grip Strength - Good plus (4+/5): withstands moderate to strong pressure

**LEFT**

Deltoid - Good plus (4+/5): withstands moderate to strong pressure

Biceps - Good plus (4+/5): withstands moderate to strong pressure

Triceps - Normal (5/5): withstands strong pressure in test position

Pronator Teres - Normal (5/5): withstands strong pressure in test position

Wrist Flexors - Normal (5/5): withstands strong pressure in test position

Wrist Extensors - Normal (5/5): withstands strong pressure in test position

Grip Strength - Normal (5/5): withstands strong pressure in test position

**Palpation Findings:**

Cervical Spine -

Tender and Hypertonic Bilateral Cervical Spine paraspinal m.

Tender and Hypertonic Bilateral Upper Trapezius m.

Tender and Hypertonic Bilateral Levator Scapula m.

Lumbar Spine -

Tender and Hypertonic Bilateral Lumbar Paraspinal m.

Tender and Hypertonic Bilateral Piriformis M.

Knee -

Tender Bilateral distal Quadriceps m.

Tender Bilateral Patellar tendon

Tender Bilateral Medial Joint Line

**Ankle-**

Tender Bilateral Anterior Talofibular Ligament  
Tender Bilateral Calcaneofibular Ligament  
Tender Bilateral Deltoid ligament

**Shoulder -**

Tender Bilateral Rotator Cuff M.  
Tender Bilateral proximal Biceps Brachii M.  
Tender Bilateral subacromial region

**Wrist -**

Tender Left Carpal tunnel  
Tender Left scaphoid  
Tender Left lunate

**Hand -**

Tender left 4th and 5th MCP, PIP, DIP joints and left CMC joint and 1st MCP joint

**Range of Motion:** see computerized ROM test performed today

**Orthopedic Tests/Findings**

**Cervical Orthopedic Tests**

Cervical Compression Test: negative  
Cervical Distraction Test: negative  
Shoulder Depression Test: - negative

**Lumbar Orthopedic Tests**

SLR Test - negative  
Patrick's Test - negative

**Shoulder Orthopedic Tests**

Empty Can Test - positive right - positive left -  
Speeds Test - positive left -  
O'Briens Test - positive right - positive left -

**Wrist Orthopedic Tests**

Mill's Test - negative  
Reverse Mill's Test - negative  
Tinels Sign - negative  
Phalen's Test - negative  
Finkelstein's Test - positive left -

**Knee Orthopedic Tests**

Valgus Test - positive right - : Comment - laxity felt in right knee w valgus stress  
Varus Test - negative ;  
McMurray's Test - negative

Lachmans' Test - negative  
Patellar Grind Test - negative

Ankle Orthopedic Tests  
Valgus Test - positive right - positive left -  
Varus Test - positive right - positive left - ;

**ASSESSMENT:** Patient is a 35 year-old male presenting with pain in the aforementioned areas. The patient's subjective complaints and objective findings are most consistent with the supportive diagnoses listed below.

**THERAPIES / INTERVENTIONS PRESCRIBED FOR THIS PATIENT:**

Electrical Stimulation  
Home Exercise Program  
Hydrocollator/Cryotherapy  
Manual Therapy  
Passive Exercises  
PNF/PIR Stretching  
PT/OT Eval / Re-eval  
Therapeutic Exercises  
Ultrasound Therapy  
Neuromuscular Re-education  
Cervical/Lumbar - Axial, Mechanical, or Manual Traction  
Manual Therapy - Dry Needling

**DURATION AND FREQUENCY**

3 times per week for 4 weeks. Total of 12 visits prescribed

**DIAGNOSTIC TESTING PRESCRIBED FOR THIS PATIENT:**

**Diagnostic Imaging Studies to be ordered:**

**XRAY UPPER EXTREMITY**

**Order: XRAY WRIST APLAT LT: ROUTINE**  
**Procedure: XRAY WRIST APLAT LT: 73100**

**Order: XRAY HAND 2VW LT: ROUTINE**  
**Procedure: XRAY HAND 2VW LT: 73120**

**XRAY LOWER EXTREMITY**

**Order: XRAY KNEE 1-2VW LT: ROUTINE**  
**Procedure: XRAY KNEE 1-2VW LT: 73560**

**Order: XRAY KNEE 1-2VW RT: ROUTINE**



**Procedure: XRAY KNEE 1-2VW RT: 73560**

**Order: XRAY ANKLE 2VW LT : ROUTINE**

**Procedure: XRAY ANKLE 2VW LT: 73600**

**Order: XRAY ANKLE 2VW RT : ROUTINE**

**Procedure: XRAY ANKLE 2VW RT: 73600**

**MRI to be ordered:**

**MRI Spine and Pelvis**

**Order: MRI CERVICAL WITHOUT : ROUTINE**

**Procedure: MRI CERVICAL WITHOUT : 72141**

**Order: MRI LUMBAR WITHOUT : ROUTINE**

**Procedure: MRI LUMBAR WITHOUT : 72148**

**MRI Upper Extremity**

**Order: MRI UE ANY JT WITHOUT : ROUTINE**

**Order Note: MRI TYPE: Right : Shoulder**

**Procedure: MRI UE ANY JT WITHOUT: 73221**

**Order: MRI UE ANY JT WITHOUT : ROUTINE**

**Order Note: MRI TYPE: Left : Shoulder**

**Procedure: MRI UE ANY JT WITHOUT: 73221**

**MRI Lower Extremity**

**Order: MRI LE ANY JT WITHOUT : ROUTINE**

**Order Note: MRI TYPE: Right : Knee**

**Procedure: MRI LE ANY JT WITHOUT : 73721**

**Order: MRI LE ANY JT WITHOUT : ROUTINE**

**Order Note: MRI TYPE: Left : Knee**

**Procedure: MRI LE ANY JT WITHOUT : 73721**

**Order: MRI LE ANY JT WITHOUT : ROUTINE**

**Order Note: MRI TYPE: Right : Ankle**

**Procedure: MRI LE ANY JT WITHOUT : 73721**

**Order: MRI LE ANY JT WITHOUT : ROUTINE**

**Order Note: MRI TYPE: Left : Ankle**

**Procedure: MRI LE ANY JT WITHOUT : 73721**



**MRI HEAD**

**Order: MRI BRAIN WITHOUT : ROUTINE**  
**Procedure: MRI BRAIN WITHOUT: 70551**

Computerized Manual Muscle Evaluation:  
**Order: MMT**

Computerized Range of Motion Testing:  
**Order: ROM**

**In Order To:**

Monitor Patient Progress, Screen for Fracture or Pathology, Assess Biomechanical Function, Increase Endurance

**DIAGNOSES:**

**Major Problem: Brachial neuritis or radiculitis NOS : ICD10 = M54.12 / ICD9 = 723.4 / SNOMED = 27830001 : 9**

**Major Problem: Thoracic or lumbosacral neuritis or radiculitis, unspecified : ICD10 = M54.16 / ICD9 = 724.4 / SNOMED = 46578006 : 10**

**Major Problem: Pain in joint involving lower leg right : ICD10 = M25.561 / ICD9 = 719.46 / SNOMED = 30989003 : 7**

**Major Problem: Pain in left ankle : ICD10 = M25.572 / ICD9 = 719.47 / SNOMED = 267954009 :**

**Major Problem: Pain in left hand : ICD10 = M79.642 / ICD9 = 729.5 / SNOMED = 53057004 :**

**Major Problem: Pain in knee joint left: ICD10 = M25.562 / ICD9 = 719.46 / SNOMED = 30989003 : 8**

**Major Problem: Pain in left wrist : ICD10 = M25.532 / ICD9 = 719.43 / SNOMED = 202482009 :**

**Major Problem: Pain in right ankle : ICD10 = M25.571 / ICD9 = 719.47 / SNOMED = 267954009 : 9**

**Major Problem: Cervicalgia : ICD9 = 723.1 / ICD10 = M54.2 / SNOMED = 81680005 : 1**

**Major Problem: Lumbago : ICD9 = 724.2 / ICD10 = M54.5 / SNOMED = 279039007 : 1**

**Major Problem: Pain in right shoulder : ICD10 = M25.511 / ICD9 = 719.41 / SNOMED = 267949000 : 6**

**Major Problem: Pain in left shoulder : ICD10 = M25.512 / ICD9 = 719.41 / SNOMED = 267949000 : 7**

**Major Problem: Headache : ICD10 = R51 / ICD9 = 784.0 / SNOMED = 25064002 : 8**

**ELECTRONICALLY SIGNED BY:**

**LAWRENCE CHAN, DC CCSP**  
**CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN**

815-436-9200

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**Patient Information**

Name: Daniel Loper

[REDACTED]

Age:

35

ID#:

Gender:

Male

Claim #:

Handedness: Left

Occupation:

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**Referral Source**

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**Medical History**

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**Notes**

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**Provider:**

**Date:**

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**DL-00766**

Patient Name: Daniel Loper

Description: Initial

Examiner: Lawrence Chan, DC, CCSP

Extremity ROM Impairment (WP): 18%

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| Upper                  | Right  |       |  | Left   |       |  | Mode  | Normal | Impairment |      |
|------------------------|--------|-------|--|--------|-------|--|-------|--------|------------|------|
|                        | Active | Pass. |  | Active | Pass. |  |       |        | Right      | Left |
| Wrist Flexion          | 66     |       |  | 53     |       |  | Goni. | 55+    | 0%         | 2%   |
| Wrist Extension        | 74     |       |  | 53     |       |  | Goni. | 55+    | 0%         | 2%   |
| Wrist Radial Deviation | 23     |       |  | 16     |       |  | Goni. | 18+    | 0%         | 1%   |
| Wrist Ulnar Deviation  | 35     |       |  | 24     |       |  | Goni. | 28+    | 0%         | 1%   |
| Elbow Pronation        |        |       |  |        |       |  |       | 75+    |            |      |
| Elbow Supination       |        |       |  |        |       |  |       | 65+    |            |      |
| Elbow Flexion          |        |       |  |        |       |  |       | 135+   |            |      |
| Elbow Extension        |        |       |  |        |       |  |       | 0      |            |      |
| Shoulder In. Rotation  | 44     |       |  | 53     |       |  | Goni. | 75+    | 3%         | 2%   |
| Shoulder Ext. Rotation | 80     |       |  | 70     |       |  | Goni. | 55+    | 0%         | 0%   |
| Shoulder Flexion       | 171    |       |  | 172    |       |  | Goni. | 175+   | 1%         | 1%   |
| Shoulder Extension     | 30     |       |  | 21     |       |  | Goni. | 45+    | 1%         | 2%   |
| Humerus/Scap. Flexion  |        |       |  |        |       |  |       |        |            |      |
| Humerus/Scap. Ext.     |        |       |  |        |       |  |       |        |            |      |
| Shoulder Adduction     | 32     |       |  | 36     |       |  | Goni. | 35+    | 1%         | 0%   |
| Shoulder Abduction     | 156    |       |  | 167    |       |  | Goni. | 165+   | 1%         | 0%   |

| Lower                 | Right  |       |  | Left   |       |  | Mode  | Normal | Impairment |      |
|-----------------------|--------|-------|--|--------|-------|--|-------|--------|------------|------|
|                       | Active | Pass. |  | Active | Pass. |  |       |        | Right      | Left |
| Ankle Plantar-Flexion | 28     |       |  | 23     |       |  | Goni. | >20    | 0%         | 0%   |
| Ankle Dorsi-Flexion   | 0      |       |  | 1      |       |  | Goni. | >10    | 7%         | 7%   |
| Knee Flexion          | 133    |       |  | 134    |       |  | Goni. | 110+   | 0%         | 0%   |
| Knee Extension        | 0      |       |  | 0      |       |  | Goni. | 0+     | 0%         | 0%   |
| Hip Flexion           |        |       |  |        |       |  |       | 100+   |            |      |
| Hip Extension         |        |       |  |        |       |  |       | 0      |            |      |
| Hip Abduction         |        |       |  |        |       |  |       | >25    |            |      |
| Hip Adduction         |        |       |  |        |       |  |       | >15    |            |      |
| Hip External Rotation |        |       |  |        |       |  |       | >30    |            |      |
| Hip Internal Rotation |        |       |  |        |       |  |       | >20    |            |      |
| Foot Inversion        | 26     |       |  | 27     |       |  | Goni. | >20    | 0%         | 0%   |
| Foot Eversion         | 4      |       |  | 4      |       |  | Goni. | >10    | 2%         | 2%   |

## Footnotes:

1. Impairments are calculated on active motion.
2. Negative results indicate an inability to reach neutral position (ankylosis).
3. Impairments are based on the AMA's "Guides to the Evaluation of Permanent Impairment", 4th edition and are calculated to the extremity level in the two right columns.

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DL-00767

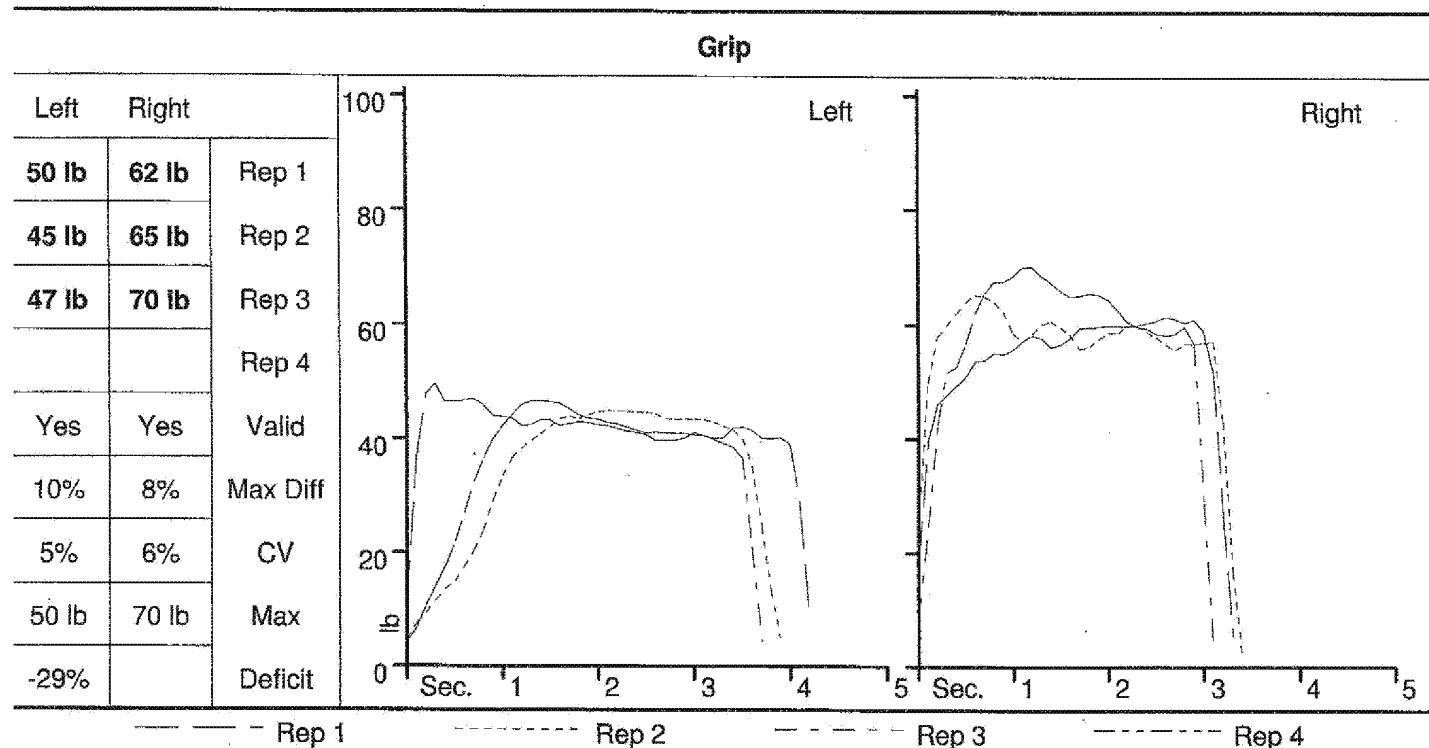
Patient Name: Daniel Loper

Description: Initial

Examiner: Lawrence Chan, DC, CCSP

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| Right Reps | Effort Quality | Excluded | Notes |
|------------|----------------|----------|-------|
| 1          | WNL            |          |       |
| 2          | WNL            |          |       |
| 3          | WNL            |          |       |
| Left Reps  | Effort Quality | Excluded | Notes |
| 1          | WNL            |          |       |
| 2          | WNL            |          |       |
| 3          | WNL            |          |       |

## Footnotes:

1. Excluded - Yes: Rep not used in statistics analysis and validity determination. All reps included in the statistics analysis and validity determination are bolded.
2. Each rep displays the maximum strength during the break test.
3. Valid: "Yes" if the coefficient of variation is less than 15% or the maximum difference between successive rep's is less than or equal to 15%.
4. Max Diff.: The maximum difference in strength between successive reps.
5. CV: Coefficient of Variation between all reps.
6. Max: The maximum strength of all reps. (Used in the history charts.)
7. Deficit: The difference in strength between the right and left side.
8. Effort Quality - WNL (Within Normal Limits): Examiner feels patient gave good effort during respective repetitions.
9. Grades are completed separately from transducer strength testing. A grade is completed if an impairment rating is required and/or a bilateral deficit greater than 15% exists.

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DL-00768

Patient Name: Daniel Loper

Description: Initial

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**Left Upper Extremity**

|   | % Impairment | Table+ |
|---|--------------|--------|
| I. Left Upper Ext. ROM                                | 11%          |        |
| Total Upper Extremity Impairment (combined):          | 11%          |        |
| WP Impairment contr. by Upper Extremity (Table 16-3): | 7%           |        |

**Left Lower Extremity**

|   | % Impairment | Table+ |
|---|--------------|--------|
| I. Left Lower Ext. ROM                                | 9%           |        |
| Total Lower Extremity Impairment (combined):          | 9%           |        |
| WP Impairment contr. by Lower Extremity (Above x .4): | 4%           |        |

**Right Upper Extremity**

|   | % Impairment | Table+ |
|---|--------------|--------|
| I. Right Upper Ext. ROM                               | 7%           |        |
| Total Upper Extremity Impairment (combined):          | 7%           |        |
| WP Impairment contr. by Upper Extremity (Table 16-3): | 4%           |        |

**Right Lower Extremity**

|   | % Impairment | Table+ |
|---|--------------|--------|
| I. Right Lower Ext. ROM                               | 9%           |        |
| Total Lower Extremity Impairment (combined):          | 9%           |        |
| WP Impairment contr. by Lower Extremity (Above x .4): | 4%           |        |

**Final Impairments:**

|                                      |     |
|--------------------------------------|-----|
| WP Left Upper Extremity Impairment:  | 7%  |
| WP Left Lower Extremity Impairment:  | 4%  |
| WP Right Upper Extremity Impairment: | 4%  |
| WP Right Lower Extremity Impairment: | 4%  |
| FINAL WHOLE PERSON IMPAIRMENT:       | 18% |

1. Impairments are based on the AMA's "Guides to the Evaluation of Permanent Impairment", 4th edition.

2. If "e" for exception is listed adjacent to an impairment rating, this examiner is taking exception to the calculation in the "AMA Guides".

3. Tables are based on Chapter 16, unless otherwise specified. © Copyright JTech Medical Industries 1997 - 2001. All rights Reserved.

**DL-00769**



Patient Name: Daniel Loper

Description: Initial

Examiner: Lawrence Chan, DC, CCSP

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| Manual Muscle Tests | Left  |    |       |  | Right |    |       | Deficit |
|---------------------|-------|----|-------|--|-------|----|-------|---------|
|                     | Max   | CV | Valid |  | Max   | CV | Valid |         |
| Grip                | 50 lb | 5% | Yes   |  | 70 lb | 6% | Yes   | -29% L  |

| Extremity Range of Motion | Left   |         |  | Right  |         |
|---------------------------|--------|---------|--|--------|---------|
|                           | Active | Passive |  | Active | Passive |
| Wrist Flexion             | 53°    |         |  | 66°    |         |
| Wrist Extension           | 53°    |         |  | 74°    |         |
| Wrist Radial Deviation    | 16°    |         |  | 23°    |         |
| Wrist Ulnar Deviation     | 24°    |         |  | 35°    |         |
| Shoulder Internal Rot.    | 53°    |         |  | 44°    |         |
| Shoulder External Rot.    | 70°    |         |  | 80°    |         |
| Shoulder Flexion          | 172°   |         |  | 171°   |         |
| Shoulder Extension        | 21°    |         |  | 30°    |         |
| Shoulder Adduction        | 36°    |         |  | 32°    |         |
| Shoulder Abduction        | 167°   |         |  | 156°   |         |
| Ankle Plantar Flexion     | 23°    |         |  | 28°    |         |
| Ankle Dorsl. Flexion      | 1°     |         |  | 0°     |         |
| Knee Flexion              | 134°   |         |  | 133°   |         |
| Knee Extension            | 0°     |         |  | 0°     |         |
| Foot Inversion            | 27°    |         |  | 26°    |         |
| Foot Eversion             | 4°     |         |  | 4°     |         |

### Upper Extremity Evaluation / Re-Evaluation

Name: Daniel Loper      DOB: 1/15/1982      Gender: M      Handedness: L      Doctor:  
 Diagnosis/Procedure: Right/Left  
 Date of Injury:  
 History:  
 Chief Complaint:

| UE ROM / MMT |        |      | Left |   |     | Right |   |     |        |      | Left |   |     | Right |   |     |
|--------------|--------|------|------|---|-----|-------|---|-----|--------|------|------|---|-----|-------|---|-----|
| Force in lb  | Motion | Norm | A    | P | MMT | A     | P | MMT | Motion | Norm | A    | P | MMT | A     | P | MMT |
| Shoulder     | Flex   | 175+ | 172  |   |     | 171   |   |     | Ext    | 45+  | 21   |   |     | 30    |   |     |
|              | IR     | 75+  | 53   |   |     | 44    |   |     | ER     | 55+  | 70   |   |     | 80    |   |     |
|              | Abd    | 165+ | 167  |   |     | 156   |   |     | Add    | 35+  | 36   |   |     | 32    |   |     |
| Elbow        | Flex   | 135+ |      |   |     |       |   |     | Ext    | 0    |      |   |     |       |   |     |
| Forearm      | Pro    | 75+  |      |   |     |       |   |     | Sup    | 65+  |      |   |     |       |   |     |
| Wrist        | Flex   | 55+  | 53   |   |     | 66    |   |     | Ext    | 55+  | 53   |   |     | 74    |   |     |
|              | RD     | 18+  | 16   |   |     | 23    |   |     | UD     | 28+  | 24   |   |     | 35    |   |     |

The goals and treatment plan have been reviewed with and approved by the patient and/or family.

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

DL-00771



# Diagnostic Imaging Studies

**DL-00772**



(815) 836-3788 TEL • (815) 836-3784 FAX

16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: head^routine  
DATE: Aug 29, 2017 11:48

## Final Report

### Final Impressions:

1. There is an "empty" sella. Otherwise unremarkable brain.

Submitted clinical information: Memory issues, headaches and light sensitivity.

### Study Technique:

MRI brain without gadolinium was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Comparisons: None

### Findings:

Mastoid air cells appear clear. No evidence of mass, infarct, hemorrhage, hydrocephalus, atrophy, white matter disease, or abnormal diffusion. No orbital abnormality. No other abnormality is identified. "Empty" sella.

### END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

Eric Fitzcharles  
Aug 29, 2017 14:54 EST.

Metis MD PRO  
Connected Radiology

DL-00773



(615) 636-3788 TEL • (615) 636-3784 FAX

16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER  
DOB: Jan 15, 1982  
FILE #: 266147  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: CERVICAL SPINE^routine  
DATE: Aug 29, 2017 10:47

### Final Report

Please see the below findings section for a more detailed level by level description.

**Submitted Clinical Information:** Bilateral upper extremity numbness and tingling.

**Study Technique:** Unenhanced MRI cervical spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

**Findings:** Straight alignment. Mild diffuse spondylosis. Visualized portions of the brain stem, cerebellum, cervical and upper thoracic spinal cord exhibit normal signal intensity. Bone marrow signal intensity appears diffusely normal. Mild right maxillary sinus membrane thickening.

**C2-3:** No significant disc bulge or herniation.

**C3-4:** 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.

**C4-5:** 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.

**C5-6:** 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.

**C6-7:** 3 mm left paracentral disc herniation with osteophyte. Moderate spinal stenosis and mild spinal cord effacement. Mild bilateral foraminal stenosis.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

### Final Impression:

1. C6-7: 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis.
2. C5-6: 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.
3. C4-5: 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.
4. C3-4: 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.
5. Spondylosis.

### END OF REPORT

**Referring physician:** The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

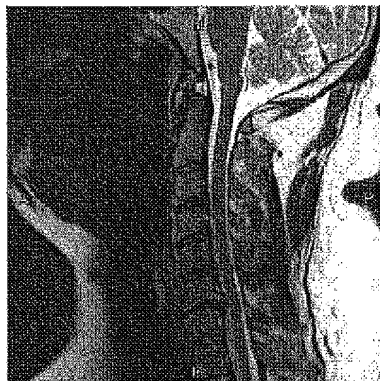
**DL-00774**

Electronically signed by

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Eric Fitzcharles  
Aug 29, 2017 18:02 EST.

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**DL-00775**



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: LUMBAR SPINE^routine  
DATE: Aug 29,2017 15:15

## Final Report

Please see the below findings section for a more detailed level by level description.

**Submitted Clinical Information:** Low back pain with bilateral leg numbness and tingling.

**Study Technique:** Unenhanced MRI lumbar spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

**Findings:** Normal lumbar lordosis. Desiccation of the L1-3 and L4-S1 discs. The conus exhibits normal position, contour, and signal intensity. Bone marrow signal intensity appears diffusely normal. Superficial subcutaneous soft tissue edema overlies the lumbar spine posteriorly.

**T12-L1:** 1 mm disc bulge.

**L1-2:** 1 mm disc bulge. Bilateral facet arthrosis.

**L2-3:** Bilateral facet arthrosis.

**L3-4:** Bilateral facet arthrosis.

**L4-5:** 3 mm disc bulge with bilateral facet arthrosis and mild left lateral recess stenosis. No foraminal stenosis.

**L5-S1:** 3 mm subligamentous disc herniation with bilateral facet arthrosis. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 nerve root.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

### Final Impression:

1. L4-5: 3 mm disc bulge and mild left lateral recess stenosis.
2. L5-S1: 3 mm disc herniation. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 root.
3. Spondylosis.

### END OF REPORT

**Referring physician:** The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

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DL-00776

Eric Fitzcharles

Aug 30, 2017 11:46 EST.

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Connecticut Radiology

**DL-00777**



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: RT SHOULDER ROUTINE  
DATE: Aug 29, 2017 14:28

## Final Report

**Submitted Clinical Information:** Pain and limited range of motion.

**Study Technique:** Unenhanced MRI of the right shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

### Findings:

**Rotator Cuff:** No significant rotator cuff muscle atrophy or fatty replacement. Rotator cuff tendinosis without definite tear. There is long biceps tendinosis without definite tear, subluxation, or tenosynovitis.

**Labrum:** Attenuation, blunting, and diffuse tearing of the posterior labrum, with paralabral ganglion cysts. This extends to the inferior labrum and to the posterosuperior labrum. There is milder anterior labral irregularity, blunting, and tearing identified. There is relative sparing of the superior labrum.

**Bones and Soft Tissues:** Mild subacromial/subdeltoid bursitis. Type I acromion. Moderate AC joint arthrosis. No coracoclavicular ligament tear. No glenohumeral joint effusion. Marginal osseous ridging off the posterior, superior, and inferior glenoid with cortical irregularities. Chondral thinning in the posterior humeral head and posterior glenoid articular surfaces. Posterior subluxation of the humeral head in relation to the glenoid.

### Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.
4. Mild subacromial/subdeltoid bursitis.
5. Rotator cuff tendinosis without tear.

### END OF REPORT

**Referring physician:** The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

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DL-00778



Eric Fitzcharles

Aug 29, 2017 21:44 EST.

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**DL-00779**



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PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147]  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: LT. SHOULDER^ROUTINE  
DATE: Aug 29,2017 14:55

**Final Report**

**Submitted Clinical Information:** Pain and limited range of motion with clavicle pain.

**Study Technique:** Unenhanced MRI of the left shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

**Findings:**

**Rotator Cuff:** No evidence of rotator cuff muscle atrophy or fatty replacement. Rotator cuff and long biceps tendinosis without definite tear. No long biceps tendon tear, subluxation, or tenosynovitis.

**Labrum:** Undermining and partial detachment of the posterosuperior labrum with small paralabral ganglion cyst. The remainder of the posterior labrum appears normal. Attenuation, blunting, and fraying of the anterior and inferior aspects of the labrum. Degeneration of the superior labrum with possible mild undermining.

**Bones and Soft Tissues:** Degenerative signal changes in the humeral head. No subacromial/subdeltoid bursitis. Type II acromion process. Severe AC joint arthrosis. No glenohumeral joint effusion. No chondral defect. Flattening of the posterior glenoid articular surface.

**Final Impression:**

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

**END OF REPORT**

**Referring physician:** The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

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**DL-00780**

Eric Fitzcharles

Aug 29, 2017 21:43 EST.

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Connected. Nothing more.

**DL-00781**



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PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147]  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: LT. KNEE^ROUTINE  
DATE: Aug 29,2017 12:41

## Final Report

**Submitted Clinical Information:** Pain and swelling.

**Study Technique:** Unenhanced MRI of the left knee was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

### Findings:

**Menisci:** No evidence of meniscal tear.

**Ligaments and Tendons:** No cruciate or collateral ligament tear. No iliotibial band abnormality. No medial or lateral patellofemoral ligament/retinaculum tear. Mild patellar, quadriceps, and popliteus tendinosis. Distal semimembranosus tendinosis.

**Bones and Soft Tissues:** No joint effusion. No popliteal cyst. Mild prepatellar edema/bursitis. Suprapatellar and infrapatellar plicae. No significant marginal osseous ridging. No chondral defect.

### Final Impression:

1. Tendinosis as described.
2. Mild prepatellar edema/bursitis. Suprapatellar and infrapatellar plicae.

### END OF REPORT

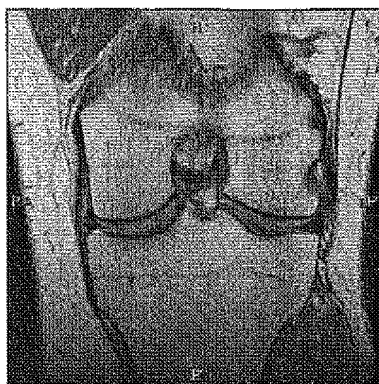
**Referring physician:** The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

Eric Fitzcharles  
Aug 29,2017 18:05 EST.

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DL-00782



**DL-00783**



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147]  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: RT. ANKLE^ROUTINE  
DATE: Aug 29,2017 13:08

## Final Report

**Submitted Clinical Information:** Pain, weakness, and instability with history of open reduction internal fixation.

**Study Technique:** Unenhanced MRI of the right ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

### Findings:

**Ligaments and Tendons:** No posterior tibiofibular ligament tear. There is chronic high-grade tear of the anterior tibiofibular ligament, with attenuation. No posterior talofibular ligament tear. Attenuation and chronic high-grade tear of the anterior talofibular ligament, with scarring. No calcaneofibular ligament tear. No deep deltoid ligament tear.

No flexor or extensor tendon abnormality. No peroneal tendon abnormality. Mild distal Achilles tendinosis without tear. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.

**Bones and Soft Tissues:** No ankle effusion. Marginal osseous ridging about all aspects of the ankle, compatible with arthrosis. Chronic bony fragmentation off the distal aspect of the lateral malleolus. There is no chondral defect in the talar dome or tibial plafond. No subtalar joint chondral defect. Prominent posterior process of the talus. No evidence of tarsal or proximal metatarsal fracture or stress fracture. No bone edema or contusion. Marginal osseous ridging off the superior talar neck and off the superior talonavicular joint. Surgical changes in the vicinity of the distal aspect of the lateral malleolus.

### Final Impression:

1. Chronic high-grade tears of the anterior tibiofibular and anterior talofibular ligaments. Clinical correlation for instability is recommended.
2. Marginal osseous ridging about the ankle, compatible with arthrosis, without chondral defect.
3. Chronic bony fragmentation off the lateral malleolus, suggestive of previous inversion injury, with surgical changes in this vicinity.
4. Prominent posterior process of the talus.
5. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.
6. Distal Achilles tendinosis with osseous ridging at the calcaneus attachment site.

END OF REPORT

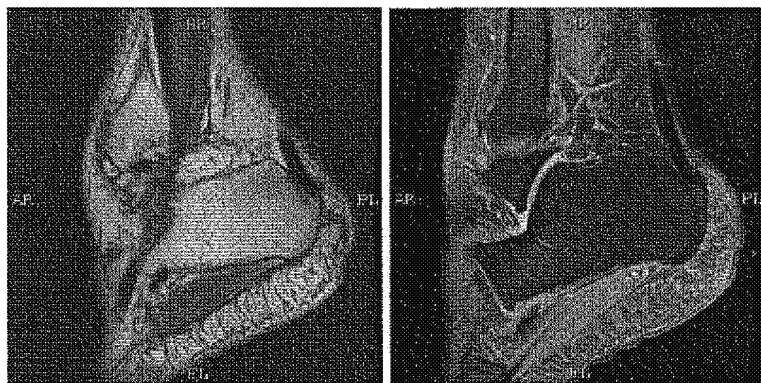
*Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.*

DL-00784

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Eric Fitzcharles  
Aug 29, 2017 21:47 EST.

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DL-00785





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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147  
REFERRING PHYSICIAN: DR. CHAN  
EXAM: LT. ANKLE^ROUTINE LT.  
DATE: Aug 29,2017 13:44

## Final Report

**Submitted Clinical Information:** Pain and limited range of motion with swelling.

**Study Technique:** Unenhanced MRI of the left ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

### Findings:

**Ligaments and Tendons:** Thickening and scarring of the anterior tibiofibular ligament without tear defect. No posterior tibiofibular ligament tear. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect. No posterior talofibular ligament tear. No calcaneofibular ligament tear. No deep deltoid ligament tear.

Mild distal tibialis posterior tendinosis. Mild tenosynovitis of all three flexor tendons, without tendon tear. No extensor tendon abnormality. No peroneal tendon abnormality. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon. There is mild both band plantar fascial thickening and tendinosis with peritendinitis, but no tear or detachment.

**Bones and Soft Tissues:** No ankle effusion. Marginal osseous ridging about the ankle, compatible with arthrosis. No chondral or osteochondral lesion in the talar dome or tibial plafond. Prominent posterior process of the talus. No subtalar joint chondral defect. Marginal osseous ridging off the superior talonavicular joint, compatible with arthrosis.

### Final Impression:

1. Tibialis posterior tendinosis, with mild tenosynovitis of all three flexor tendons.
2. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon.
3. Talonavicular joint arthrosis and marginal osseous ridging.
4. Mild marginal osseous ridging about the ankle, compatible with arthrosis.
5. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect.
6. Mild both band plantar fascial thickening and tendinosis with peritendinitis.

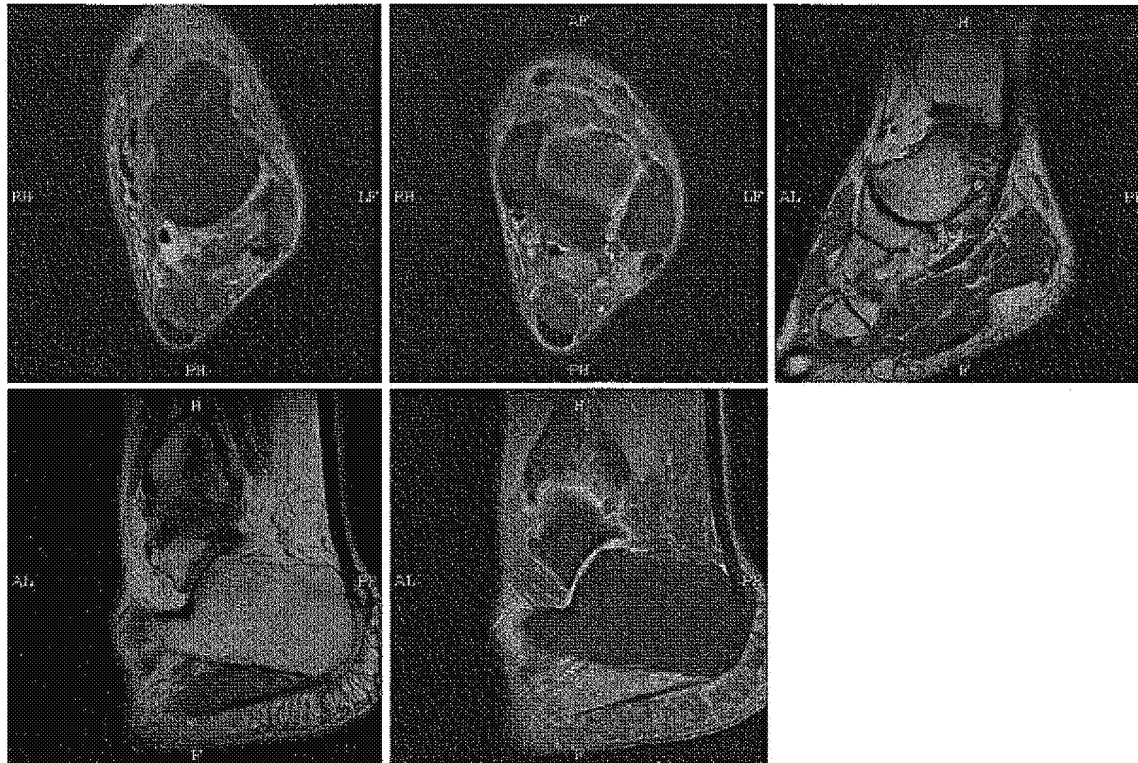
### END OF REPORT

**Referring physician:** The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

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DL-00786

Eric Fitzcharles  
Aug 29, 2017 21:46 EST.  
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Connected Radiology



DL-00787



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER  
DOB: [REDACTED]  
FILE #: 266147  
REFERRING PHYSICIAN: DC CHAN  
EXAM: L HAND, L WRIST, KNEES, ANKLES  
DATE: Aug 29, 2017 11:08

### Final Report

**Submitted Clinical Information:** Left hand weakness. Left wrist popping. Bilateral knee pain and swelling. Bilateral ankle weakness and looseness.

**Study Technique:** Left hand, two views.

**Impression:** No evidence of fracture, erosive or destructive process. No significant ulnar variance. Mild arthrosis at the first metacarpophalangeal joint. No definite interphalangeal joint arthrosis.

**Study Technique:** Left wrist, two views.

**Impression:** No significant ulnar variance. No evidence of fracture, erosive or destructive process. Mild arthrosis at the first metacarpophalangeal joint. Lateral alignment appears near anatomic.

**Study Technique:** Right ankle, two views.

**Impression:** No medial or lateral malleolar soft tissue swelling. Mild marginal osseous ridging about the anterior ankle. Suspected chronic bone fragment off the lateral malleolus. No ankle joint space narrowing or malalignment. Plantar and posterior calcaneal spurring at the Achilles tendon and plantar fascial attachment site. Prominent posterior process of the talus. Mild marginal osseous ridging off the superior talar neck. No definite joint effusion.

**Study Technique:** Left ankle, two views.

**Impression:** No medial or lateral malleolar soft tissue swelling. No ankle joint space narrowing or malalignment. Mild plantar and posterior calcaneal spurring. No evidence of fracture, erosive or destructive process. No joint effusion. Mild marginal osseous ridging off the superior talar neck.

DL-00788

**Study Technique:** Right knee, two views.

**Impression:** No definite joint effusion. No evidence of fracture, erosive or destructive process. Mild medial joint space narrowing. Small ossification projects over the superior aspect of the medial knee, possibly due to previous medial collateral ligament injury.

**Study Technique:** Left knee, two views.

**Impression:** No definite joint effusion. No evidence of fracture, erosive or destructive process. Mild medial joint space narrowing.

**END OF REPORT**

*Referring physician: Please call MetIsMD at 800.695.8191 if you would like to speak with the radiologist about this report.*

Electronically signed by

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Eric Fitzcharles  
Aug 29, 2017 18:03 EST.

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Connected Radiology

**DL-00789**